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| **SAFE HANDLING & MOBILITY EXPECTATIONS** |

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|  | **ESTABLISHING PROGRAM** | **Status w/ Date** |
| **Facilitate SHM/PACE training to existing care staff** | * Develop detailed training schedule and communicate to AWARE-NS/WCB
* 4 hour duration: In-class training and practical hands-on demonstrations
* Document attendees
* Submit backfill replacement claim to HCSC within 2 weeks of training for reimbursement
* Submit attendee list to AWARE-NS
* Collect SHM equipment feedback form and send to workplace consultant
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| **Facilitate SHM/PACE training to new hires going forward** | * Include SHM/PACE in orientation process
* Document for records
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| **Update Company Safety Program and Procedures to reflect SHM training** | * Update Safe Work Procedures (ex: no pivot transfers, 35lbs maximum transfer weight, use of transfer belts, 2 person use - mechanical lift)
* Educate staff on updates and create accountability framework for compliance
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| **Establish a SHM committee or make SHM program monitoring part of existing committee**  | * If new committee - develop a Terms of Reference (template available from AWARE-NS)
* If part of existing committee, include SHM / analysis as a regular action item
* Monthly meetings are recommended

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|  | **EQUIPMENT** | **Status w/ Date** |
| **Equipment**  | * New procurement based on staff input/needs
* Monitoring/inspection of equipment regulary (document where required)
* Replacement of equipment when old equipment taken out of service
* Training on equipment as required (orientation, refresher, new to organization)
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|  | **AUDITING** | **Status w/ Date** |
| **PACE Self Audit Cards (4 per sheet – double-sided)** | * Complete within 1 week after training
* Complete quarterly during 1st year post instruction
* Complete annually thereafter
* Supervisor will review completed form with employee for coaching opportunities
* Committee will review forms for trending analysis
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| **Supervisor Safe Handling and Mobility Audit Form** | * Complete while observing/working with staff
* Complete 1 form per staff member per year
* Review completed form with employee for coaching opportunities
* Share findings with committee for trending analysis
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|  | **COMMUNICATIONS** | **Status w/ Date** |
| **Share Information** | * Include as part of daily/weekly/monthy supervisor talks (depending on organization’s routine)
* Use visual resources (PACE posters and PACE wallet cards)
* Explore available options with support(s) (WCB/AWARE-NS)
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|  | **WCB / AWARE-NS CHECK-INS** | **Status w/ Date** |
| **Meeting 1** | * When: Training schedule established and at least 50% of staff trained
* With: Administrator, Director of Care, Safety Lead, Trainers
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| **Meeting 2** | * When: Next scheduled SHM committee / existing committee meeting post Meeting 1 (within 45 days of Meetin 1)
* With: SHM committee
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| **Meeting 3** | * When: 3 months post Meeting 2
* With: SHM committee
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| **Meeting 4** | * When: 3 months post Meeting 3
* With: SHM committee
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| **Meeting 5** | * When: 6 months post Meeting 4
* With: SHM committee
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| **Meeting 6** | * When: 12 month post Meeting 5
* With: SHM committee
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|  | **REFRESHER TRAINING** | **Status w/ Date** |
| **SHM / PACE refresher** | * Done annually (at minimum) and/or to address needs identified through trending (Injury reports, audits, etc.)
* Mandatory (document)
* PACE modules available through AWARE-NS website
* AWARE-NS supports on SHM/PACE micro sections available
* Micro sections chosen based on committee’s analysis and reccomendations
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